

**Massachusetts Department of Environmental Protection
Drinking Water Program
Public Notification**

CERTIFICATION

Make sure to send your regional office of the DEP Drinking Water Program and local Board of Health a copy of each type of notice and a certification that you have met all the public notice requirements within ten days after issuing the notice (310 CMR 22.15(3)(b)). **When you certify, you are also stating that you will meet future requirements for notifying new units of the violation.** The following statement could be copied onto the bottom or reverse of the copy of the notice you sent to your DEP regional office. Refer to pages 13-14 of the EPA and the Association of State Drinking Water Administrators (ASDWA) *Public Notification Handbook*. The EPA/ASDWA *Handbook* provides additional aids to help water systems develop notices for violation situations. An electronic copy of the Public Notification Handbook is available at EPA's web site (www.epa.gov/safewater/pn.html). **Please note that the EPA/ASDWA Handbook templates are non-state specific so Massachusetts's water suppliers are required to use the Massachusetts' version of the templates for compliance purposes.** Electronic copies of the Massachusetts' public notification templates are available on the DEP website <http://www.state.ma.us/dep/brp/dws/publnot.htm>.

PWS ID#: _____

PWS Name: _____

City/Town: _____

☐ Community ☐ Non-community

For Violation: _____

Occurring on: _____
(Date(s) of violation)

The Public Water system indicated above hereby affirms that public notice has been provided to consumers in accordance with 310 CMR 22.16 including: delivery, content, format requirements, notification deadlines and that the Public Water system will meet future requirements for notifying new billing units and new customers of the violation.

☐ Consultation with DEP on _____
[Date]

☐ Notice distributed by _____ on _____
[Method] [Date]

☐ Notice Distributed by _____ on _____
[Method] [Date]

I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

[Name] [Signature of owner or operator] [Date]